Registration Form

Focus and Goalball/Enrichment Weekend

- ☐ I want to register for Focus. (check which days you will attend)
  - ☐ Thursday, March 19, 2015
  - ☐ Friday, March 20, 2015

- ☐ I want to register for Goalball/Enrichment. (check which days you will attend)
  - ☐ Friday, March 20, 2015
  - ☐ Saturday, March 21, 2015

Student Name: _____Birthdate: _____
Grade: _____
Parent Name: _____
Parent Phone number: _____(h) _____(c)
Additional numbers: _____
Mailing Address: _____/_____/_____/_____

I need:

- ☐ Regular Print
- ☐ Large Print
- ☐ Braille

When traveling, I am:

- ☐ A cane user
- ☐ An independent traveler
- ☐ Needing support
- ☐ In a wheelchair

My dietary needs are:

- ☐ Vegetarian
- ☐ Gluten-free
- ☐ Dairy-free

(Please note: If your child needs a liquid or other restricted diet, please be prepared by bringing their own food. Thank you.)

My Outreach Consultant is: _____

Name and ages (under 18) of all people attending with you:

_____

_____

_____

_____

_____

Rooms are available in the cottage for no charge – they are on a first come first serve basis.

- ☐ **I plan to arrive Wednesday, March 18, 2015.**
  - **I will leave on _____.**
- ☐ **I plan to arrive Thursday, March 19, 2015.**
  - **I will leave on _____.**
- ☐ **I plan to arrive Friday, March 20, 2015.**
  - **I will leave on _____.**
- ☐ **I plan to attend only Saturday, March 21, 2015.**

I will need a room in the cottage for _____ (how many) people. Please check which nights you will need a room in the cottage.

- ☐ **Wednesday**
- ☐ **Thursday**
- ☐ **Friday**

Please return to:

Donna Sorensen
3911 Central Ave,
Great Falls, MT 59405
406-771-6001

Updated: 1.2015

MONTANA
SCHOOL for the
Deaf & Blind

3911 CENTRAL AVENUE
Great Falls, Montana 59405
406.771.6000 V/TTY
406.771.6164 FAX
www.msdb.mt.gov

Education, Communication and Independence for Life

RELEASE FORM: MSDB Focus and Goalball/Enrichment Weekend

Date: **Thursday, March 19, 2015 to Saturday, March 21, 2015**

Student Name_____
Last First Middle

I, the undersigned, hereby request permission for my child to attend the MSDB Goalball/Enrichment Weekend on **Thursday, March 19, 2015 to Saturday, March 21, 2015.** My child is physically and mentally fit.

_____(initial please) I acknowledge that my child will be attending at his/her own risk and I hereby release, discharge and indemnify Montana School for the Deaf and the Blind (MSDB) and their agents from all liability for personal injury or damage to property.

_____(initial please) I grant permission to MSDB to utilize any likeness, voice and words pertaining to my child in television, radio, films, newspaper, or other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Association and/or in appealing for funds to support such activities.

_____ (initial please) In the event of necessity, the person in charge of the Goalball /Enrichment Weekend is authorized on my behalf and at my account to take such measure and make arrangements for such medical and hospital treatment as deemed advisable for my child's health and well-being.

Name of home physician _____phone _____
Clinic name_____address_____

List insurance providers including Medicaid:
#1_____ID/Group #_____
#2_____ID/Group #_____

If under eighteen years of age, must be signed and initialed above by parent or legal guardian.

Signature of student: _____

Signature of parent/guardian _____

Date _____ Home telephone (_____) _____

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PERMISSION FOR DISPENSING MEDICATIONS

Student Name: _____

Montana School for the Deaf and the Blind (MSDB) operates a health services program for the care of students and the dispensing of medications. This facility provides for both residential and day students. Health Services staff will only dispense non-prescription medications that have been authorized by the parents and the physician.

Without proper authorization, the student will not be able to receive medication while in attendance at MSDB. Due to the relationship between Reye Syndrome and aspirin, unless otherwise directed by parent or physician, the Health Services will not dispense aspirin.

Please review the Standing Order's form for the common over the counter medications available through the Health Services.

Please initial below to authorize Health Services to provide over the counter medications (OTC) for _____ (student name) as required by the staff member's evaluation of the student's condition.

_____ (initial please) I hereby authorize Health Services to administer OTC medications as needed.
(The student's physician must also sign the medical Standing Order for the current school year.)
_____ (initial please) I hereby authorize Health Services to administer only those OTC medications listed below:

_____

_____ (initial please) _____ (Outreach Consultant) has my permission to give OTC or prescription meds or medications are given from the Health Services according to the doctor's orders and instructions.

List all prescription and OTC medications that your child is taking on a regular basis including vitamins.

_____

_____

How would you like these medications refilled?
_____ notify parents
_____ refill locally
_____ parents keep a supply at home
_____ parents need medications sent home after event

Students on Medicaid must have the card or a copy with the Health Services. Students on insurance need to provide a copy of the member's card. If this is not done, medications and doctor appointments will be charged to the parents. It is the policy that ***all*** medications are kept in the Health Services. Students shall not have any medications in their possession.

Please list any allergies: _____
Name of home physician_____phone _____
Clinic name_____address_____
List insurance providers including Medicaid: #1_____ ID/Group #_____
#2_____ ID/Group #_____

_____
Signature of parent/guardian Date

Updated 1.2015

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Medical Release Form for Goalball and Physical Activities

What is Goalball?
Goalball was invented in 1946 by Austrians, Hanz Lorenzen and German Sepp Reindle, in an effort to help in the rehabilitation of blinded war veterans. The game was introduced to the world in 1976 at the Paralympics in Toronto, Canada, and has been played at every Paralympics Games since.

Goalball is a game played by two teams of three players with a maximum of three substitutes on each team. The game is conducted on the floor of a gymnasium within a rectangular court, which is divided into two halves by a center line. Goals are erected at either end. The game is to be played with a bell ball. The object of the game is for each team to roll the ball across the opponent's goal line while the other team attempts to prevent this from happening.

Physical Requirements
The ball used for the game weighs approximately three pounds. It is heavier than a basketball and has 8 holes in the shell as well as noise bells inside. The circumference of the ball is approximately 76 centimeters (30 inches). It is made of a heavy rubber with specifications determined by the International Blind Sports Federation. The ball is to be rolled, often with intense force, across the gym floor while the defensive team lies at the opposite end on the floor to block the ball. The athlete may block the ball with any part of his body, which at times may include the head. Eyeshades must be worn by all players on the court during play. Occasionally players may slide or bump into each other while defending their goal. This is a sport that requires the participants to be physically active, and have the ability to hear the noise made by the bells as the ball rolls toward them on the floor.

Additional Activities: Judo, Tandem Biking, Swimming, Bowling, Gym Activities, etc…

Given the above information, I believe _____
(Patient's name)
may safely participate in Goalball activities. Unless otherwise indicated, this release is good for one year from the date signed.

Signature of Doctor: _____ Date: _____

Restrictions: _____

_____

_____

This form should be returned to:

Donna Sorensen MSDB
3911 Central Avenue
Great Falls, MT 59405

Or faxed to MSDB at: 406-771-6164 _____updated 1.2015